

## **PECOS TAILS TRANSIT SYSTEM**

### **APPLICATION FOR CERTIFICATION OF AMERICANS WITH DISABILITIES ACT (ADA) PARATRANSIT ELIGIBILITY**

This application is for persons who wish to apply for eligibility for Pecos Trails Transit ADA Para-transit service. Individuals with disabilities which prevent them from being able to use regular transit may be eligible to use Pecos Trails Transit System (PTTS) Para-transit Program. PTTS Para-transit service allows trips to be made at a cost of one dollar per trip for eligible users. All fixed route PTTS buses are equipped with lifts to provide accessible service for persons with disabilities. PTTS routes provide curb-to-curb service.

The information obtained in this certification process will only be used by PTTS to assess the applicants eligibility and to provide transportation services.

#### **How to apply for ADA para-transit eligibility**

1. Read the Pecos Trails Transit ADA Para-transit Service brochure which is available from Pecos Trails Transit System.
2. Fill out Part A of this application if you believe you qualify (see item #1 on Page 2).
3. Take or send the application (Parts A and B) to your health care professional to have Part B completed. Both Part A and Part B must be completed in order for your application to be completed.
4. Mail the completed application form (Parts A and B) to Pecos Trails Transit Office, 515 N. Main Street, Roswell, New Mexico 88201

PTTS will notify you of your eligibility status.

If you have not been notified within 21 days of submitting your application, call 624-6766. If after the 21 days, a determination of your eligibility has not been made, you will be temporarily eligible to ride until a determination is made.

If you are denied eligibility, you have the right to appeal.

# CLIENT REGISTRATION FORM

Name: \_\_\_\_\_ (Last, First, M.I.) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

A.K.A.: \_\_\_\_\_ SSN: 000-00-\_\_\_\_\_ (last 4 digits)

Street Address: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Daytime Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Rural: \_\_\_\_\_ Urban: \_\_\_\_\_

Directions to Home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethnic Background: (Optional)

\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ White

\_\_\_\_\_ African American \_\_\_\_\_ Other/Specify: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_ Need Assistance Translating? \_\_\_\_\_

Marital Status: \_\_\_\_M \_\_\_\_S \_\_\_\_WD \_\_\_\_DV \_\_\_\_SEP \_\_\_\_Live Alone \_\_\_\_With Spouse \_\_\_\_With Other

Emergency Contact:

Name/Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Daytime Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Income: Source of Income Household Size:

\_\_\_\_\_ \$671 or Less \_\_\_\_\_ Social Security \_\_\_\_\_ 1 Person

\_\_\_\_\_ \$904 or Less \_\_\_\_\_ Other \_\_\_\_\_ 2 People

\_\_\_\_\_ \$1,138 or Less \_\_\_\_\_ Supplemental Social Security \_\_\_\_\_ 3 People

\_\_\_\_\_ \$1,371 or Less \_\_\_\_\_ Unwilling to Divulge \_\_\_\_\_ 4 People

\_\_\_\_\_ \$1,604 or More \_\_\_\_\_ Information Unavailable \_\_\_\_\_ Other

## PART A

### FOR THE APPLICANT TO COMPLETE

#### Who Qualifies:

Under the ADA regulations. There are three categories of persons who are eligible for ADA para transit. Any individual with a disability qualifies who:

1. Is unable, as a result of a physical or mental impairment, to get on, ride, or get off an accessible vehicle of the PTTS, or
2. Needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance to get on, ride, and get off an accessible vehicle, BUT such a vehicle is not available on the route when the individual wants to travel; or
3. Has a specific impairment-related condition (including vision, hearing or impairments causing disorientation) which prevents travel to or from the station or stop on the PTTS.

Please check here \_\_\_\_\_ if at least one of the above categories apply to you.

#### **Mobility Information**

As you answer the following questions, please keep in mind that you may be able to use accessible PTTS vehicles. Accessible vehicles have equipment to assist individuals with disabilities including lifts and tie downs. PTTS Operators make stop announcements. Operators only provide assistance inside and adjacent to the vehicle.

Which statement best describes your need for PTTS Para-transit service (circle one only):

- I can use PTTS bus service sometimes, but for certain trips either I have not been trained, or there are other barriers present.
- I have a temporary disability which prevents me from getting on a fully accessible vehicle. I will need PTTS Para-transit service only until I recover.
- I have an ambulatory disability which prevents me from getting on a fully accessible vehicle without assistance.
- I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop, and ride the bus. I don't feel that I can ever learn.
- I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop, and ride the bus. I think that with training I can learn, but I don't know how right now.
- I have a visual disability which prevents me from finding my way to and from the bus stop. I think that with training I can learn, but I don't know how right now.
- I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use bus service.
- I have an episodic disability. I can use the bus on those days when I am feeling well, but on "bad days", I can't make it to the bus stop, or get on the bus.

I can get to and from a bus stop ONLY IF (circle all that apply):

(Circle all that apply):

1. The median strip is accessible.
2. There are curb cuts along the route to the stop.
3. Curb cuts have tactile warnings.
4. There is a sidewalk
5. I am familiar with the area.
6. The temperature is moderate.
7. The ground is level or inclined minimally
8. I have an attendant with me.
9. I receive travel training for the stops I use.
10. The patch is free of ice or debris.
11. There are stairs with handrails at the changes in level.
12. There are no stairs.
13. I need to travel less than \_\_\_\_\_ feet to or from the stop.
14. Other: \_\_\_\_\_

Do you currently use PTTS service at all? Yes\_\_\_\_\_ No\_\_\_\_\_

Can you name any PTTS routes that serve your neighborhood? \_\_\_\_\_

Where is the closest bus stop to your home? Please give the location (Example: Corner of Berrendo Rd and Encanto Dr.).

Can you get to the bus stop by yourself? Yes\_\_\_\_\_ No\_\_\_\_\_ Sometimes\_\_\_\_\_

If No, why not? \_\_\_\_\_

What are the conditions of your disability which prevent you from riding the PTTS Bus? \_\_\_\_\_

Can you cross the street by yourself? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, under what circumstances? \_\_\_\_\_

List your 4-5 most frequent destinations, and how you get there:

DESTINATION ADDRESS	FREQUENCY OF TRAVEL	HOW DO YOU GET THERE NOW?

List below places you would like to go that you can't get to now:

DESTINATION ADDRESS	FREQUENCY DESIRED	BARRIER

Check one only:

\_\_\_\_\_ I can generally wait outside at a bus stop.

\_\_\_\_\_ I cannot wait outside at a bus stop.

If checked cannot, please describe the reason you cannot wait. \_\_\_\_\_

I can wait outside at a bus stop ONLY IF (circle all that apply)

1. There is a bench.
2. There is a shelter.
3. The temperature is above \_\_\_\_\_ degrees.
4. The temperature is below \_\_\_\_\_ degrees.
5. The wait is no longer than \_\_\_\_\_ minutes.
6. Other: \_\_\_\_\_

Would you use any mobility aids when you ride PTTS Para-transit service? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, circle all that apply:

1. Manual Wheelchair
2. Transfer Board
3. Powered Wheelchair
4. Boarding Chair
5. Communications Board
6. Cane
7. Hearing Aid
8. White Cane

9. Service Animal
10. Walker
11. Oxygen Bottle
12. Crutches
13. Prosthesis
14. Other \_\_\_\_\_

Check one only:

\_\_\_\_\_ I can independently recognize my destination and leave the vehicle.

\_\_\_\_\_ I cannot independently recognize my destination and leave the vehicle.

\_\_\_\_\_ I can recognize my destination and leave the vehicle ONLY IF (circle all that apply)

1. I receive travel training.

2. The driver announces my stop.

3. Other: \_\_\_\_\_

Check one only:

\_\_\_\_\_ I can ride on an accessible bus operating on a fixed route.

\_\_\_\_\_ I cannot ride on an accessible bus operating on a fixed route.

\_\_\_\_\_ I can ride on an accessible bus operating on a fixed route ONLY IF (circle all that apply)

1. No step is higher than \_\_\_\_\_ inches.

2. I am familiar with the route.

3. I have an attendant with me.

4. I have a service animal with me.

5. The bus can kneel.

6. I have received travel training.

7. A seat is available.

8. Other: \_\_\_\_\_

Do you require a Personal Care Attendant when you travel? Yes \_\_\_\_\_ No \_\_\_\_\_

(Your response will not affect your eligibility to use PTTS Para-transit Service.)

Are there any other effects of your disability that we need to be aware of so that we can provide appropriate paratransit service? Please provide any information that would help. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The REQUEST for PROFESSIONAL VERIFICATION (Part B attached) must be filled out by an appropriate health care professional.

WHO CAN VERIFY: If your disability prevents you from using PTTS service, one of the following health care professions, as appropriate to your case, may be able to verify that you are ADA eligible.

The following health care professional is authorized to provide information to Pecos Trails Transit that is required to complete this certification and any clarifications required by Pecos Trails Transit.

Clearly print the name of the health care professional who will be verifying your application and check the type of health care professional he or she is.

Name: \_\_\_\_\_

\_\_\_\_\_ Licensed Physician

\_\_\_\_\_ Licensed Physical Therapist

\_\_\_\_\_ Certified Rehabilitation Specialist

\_\_\_\_\_ Licensed Social Worker

\_\_\_\_\_ Licensed Optometrist

\_\_\_\_\_ Certified Audiologist

\_\_\_\_\_ Certified Psychologist

\_\_\_\_\_ Nurse (LPN or RN)

\_\_\_\_\_ Registered Occupational Therapist

\_\_\_\_\_ Certified Speech Pathologist

\_\_\_\_\_ Other \_\_\_\_\_

I certify that this information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed if the applicant was assisted by someone else in completion of this application.

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Signature \_\_\_\_\_

Witness \_\_\_\_\_

